

INSTRUCTIONS FOR FILING A CLAIM FOR UNPAID WAGES



Please be aware that the complaint must be filed within one (1) year after wages, final compensation or wage supplements were due.

To avoid delays you must follow these steps when completing your wage claim application:

- ✓ Print or type the application.
- ✓ Sign and date the application.
- ✓ Provide two (2) signed copies of the claim application and keep one copy for your records.
- ✓ Verify that you are providing the correct name and address of your employer.
- ✓ Provide the name, address and phone number of the attorney or community representative that helped you complete the form.
- ✓ You must update the Illinois Department of Labor in writing immediately if you have a change of address. If the Department recovers money on your behalf we need your current address in order to send you your check.
- ✓ If you believe you are owed **wages**:
 - Attach (2) copies of paychecks, paystubs, W2's, 1099's or any other documentation that is relevant to your claim.
DO NOT SUBMIT ORIGINALS.
- ✓ If you believe you are owed **vacation pay**:
 - Attach (2) copies of the vacation policy or an explanation of the vacation policy.
- ✓ If you believe you are owed a **bonus**:
 - Attach (2) copies of the bonus agreement or an explanation of the policy.
- ✓ If you believe you are owed a **commission payment**:
 - Attach (2) copies of the commission agreement or an explanation of the policy.
- ✓ If you believe your employer has **illegally deducted money** from your pay:
 - Attach (2) copies of the documentation that shows the deduction (Examples: paystubs or a letter authorizing the deduction).

Additionally:

- If your claim is exclusively for minimum wage and overtime violations you may choose to remain anonymous by selecting the option on page 2 of the application.
- Your name will be revealed to your employer if you are claiming unpaid wages, vacation, bonuses, commissions or illegal deductions.
- Submit your completed application and documentation to the Illinois Department of Labor in person or by mail at 160 N. LaSalle Street, Suite C-1300, Chicago IL 60601-3150.

**Illinois Department of Labor**160 N. LaSalle, Suite C-1300 • Chicago IL 60601-3150
Tel # (312) 793-2800 • Fax # (312) 814-1210

Office use only

Claim # _____

M ☐**WAGE CLAIM APPLICATION****Employee Information**

(Last Name) _____ (First Name) _____ (Middle Name) _____

(Street Address) _____

(City) _____ (State) _____ (Zipcode) _____ (County) _____

(Primary phone #) _____ (Secondary phone #) _____

Email Address: _____

Employer Information

Business Name _____

Business Owner(s) name(s) _____

Business Address (street, city, state, zip) _____

Business Telephone _____

Who is responsible for issuing pay? (Personnel/HR Manager) _____

Complaint Information

- 1) Date of hire: _____ 2) Last day worked: _____ 3) Still working there? ☐ Yes ☐ No
- 4) Did you perform the work in Illinois? ☐ Yes ☐ No 5) Did you also perform the work in other States? ☐ Yes ☐ No
- 6) Did you sign an employment contract or agreement? ☐ Yes ☐ No If "yes", attach a copy of the agreement.
- 7) Were you in a Union? ☐ Yes ☐ No If "yes", attach a copy of the agreement. Name and Local: _____
- 8) Has the company filed for Bankruptcy OR made an Assignment for Benefit for Creditors? ☐ Yes ☐ No If "yes", attach documentation.
- 9) Is the company still open? ☐ Yes ☐ No 10) Is this a temporary staffing agency? ☐ Yes ☐ No
- 11) If applicable, name of your attorney or representative: _____ Phone: _____
- 12) If applicable, name of person who prepared this form? _____ Phone: _____

For which of the following are you owed wages?**CHECK ALL BOXES THAT APPLY****I. UNPAID WAGES** ☐

- A. Total amount claimed: \$ _____ B. How many hours did you work and not get paid? _____
- C. How much were you paid? Hourly: \$ _____ Bi-weekly: \$ _____ Other: \$ _____
- D. Dates for which you were not paid? From: _____ To: _____
- E. What type of work did you perform? _____ # of Employees? _____

Attach copies of supporting documentation (paychecks, paystubs, W 2's, 1099's or written agreements).

DO NOT SEND ORIGINALS.

Questions continued on page 2

Is this Claim for:

- ☐ Regular Time?
- ☐ Overtime?
- ☐ Minimum Wage Violations?

Continued on page 2

II. VACATION PAY ☐

- A. How much are you owed? \$ _____
- B. Are you still employed by this employer? ☐ Yes ☐ No
- C. Use page 2 to describe how you earn and are paid vacation.
Attach a copy of the vacation policy.

III. BONUS ☐

- A. How much are you owed? \$ _____
- B. Are you still employed by this employer? ☐ Yes ☐ No
- C. Use page 2 to explain why you believe you are owed a bonus.
Attach a copy of the agreement or policy.

IV. COMMISSION ☐

- A. How much are you owed? \$ _____
- B. For what period of time? From: _____ To: _____
- C. Are you still employed by this employer? ☐ Yes ☐ No
- D. Use page 2 to explain why you believe you are owed a commission.
Attach a copy of the commission agreement or policy.

V. ILLEGAL DEDUCTIONS ☐

- A. How much was deducted? \$ _____
- B. When did the deduction occur? _____
- C. Did you agree to this deduction in writing? ☐ Yes ☐ No
- D. Use page 2 to explain why the deduction was made.
Attach a copy of the documentation showing the deductions.

I HEREBY CERTIFY that the application, including attachments, is true and accurate to the best of my knowledge and belief.
I UNDERSTAND that acceptance of this claim by the Illinois Department of Labor does not guarantee collection.
I AUTHORIZE the Department of Labor to receive any monies and to mail such monies to me at my address on file with the Illinois Department of Labor.

Date _____

Claimant's Signature _____

I. To be filled out if claiming Minimum Wage or Overtime violations.

Attach copies of supporting documentation such as paystubs, W2's, 1099's. **DO NOT SEND ORIGINALS.**

Date of Birth: _____ How were you paid? ☐ Salary ☐ Hourly ☐ Other _____

Check if you received: ☐ Meals ☐ Lodging ☐ Tips ☐ Other _____

Dates of Employment:	Actual Hours Worked Per Week	Wages per hour	Tips per hour
From: _____ To: _____	_____	\$ _____	\$ _____
From: _____ To: _____	_____	\$ _____	\$ _____
From: _____ To: _____	_____	\$ _____	\$ _____

ONLY For Minimum Wage and Overtime claims: (Does not apply to claims for unpaid wages, deductions, vacation, bonus, commissions.)

☐ I do not want my name revealed to the employer. ☐ My name may be revealed to the employer.

Overtime Claims:

Your Title: _____

Were you a professional employee? ☐ Yes ☐ No Did your position require a college degree? ☐ Yes ☐ No

Were you a manager? ☐ Yes ☐ No Did you supervise anyone? ☐ Yes ☐ No

List your primary duties:

II. Vacation Pay (CONTINUED)

What is the vacation policy? Attach a copy of the vacation policy.

(use additional sheets if necessary)

List vacations taken and paid during your employment:

<u>Period Worked</u>	<u>Days/Weeks</u>	<u>Dates</u>	<u>Dates</u>
From: _____ To: _____	earned: _____	Taken: _____	Paid: _____
_____	_____	_____	_____
_____	_____	_____	_____

III. Bonus (CONTINUED)

Explain why you believe you are owed a bonus: What was the policy or agreement? Attach a copy of the agreement or policy.

(use additional sheets if necessary)

IV. Commissions (CONTINUED)

Explain why you believe you are owed a commission: What was the policy or agreement? Attach a copy of the commission agreement.

(use additional sheets if necessary)

V. Illegal Deductions (CONTINUED)

Explain how much was deducted and why: Attach copies of documentation showing deductions.

(use additional sheets if necessary)

VI. Other

Explain what you are owed and why? Attach additional sheets if necessary.